

PLACE OF BIRTH

County of Gila
 District of El Paso
 Town of Miami
 or
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129Co. Register No. 193

Local Registrar's No. _____

FULL NAME OF CHILD Bertina Olives

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☒ YES
 Alive ☒ NO

Sex of Child Female Twin, Triplet or other _____ and Number in order of birth _____ Legitimate ☒ Date of Birth June 27 1914
 (Month) (Day) (Yr.)

FATHER
 Full Name Abraham Olives

Residence Miami, Ariz.

Color or Race Mexican Age at last Birthday 26 (Years)

Birthplace San Francisco, Calif.

Occupation Miner

MOTHER
 Full Maiden Name Winifred Yhenna

Residence Miami, Ariz.

Color or Race Mexican Age at last Birthday 20 (Years)

Birthplace El Paso, Ariz.

Occupation Housewife

Number of child of this mother 1 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 29 1914, at 12 A.M.
 When there is no attending physician or midwife, then the householder should make this return.

(Signature) B. G. Joy
 (Attending physician, midwife, householder.*)

Given or christian name added from a supplemental report _____ 1914

Address _____

Filed July 5 1914B. G. Joy

LOCAL REGISTRAR.

Filed July 8 1914

A True Copy

B. G. Joy M.D.

COUNTY REGISTRAR.

262-679-681
 COUNTY REGISTRAR.

the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.